



# SHOT TALK



## Prevnar Usage

The SAMHD Immunization Division began distributing pneumococcal conjugate vaccine (PCV7) (Prevnar®, Wyeth-Lederle Vaccines) to currently enrolled VFC Providers in November 2000. Providing funding for this vaccine will continue to pose unique challenges. Currently, PCV7 is the most expensive routine childhood vaccine in the VFC inventory, costing over \$180.00 to immunize **each** child with the four dose series (based on January 2001 price increases). These funding issues will have a direct impact on the vaccine inventory we will be able to stock and supply. Consequently, this vaccine will be available to immunize **only your VFC-eligible patients**. Inappropriate use of this vaccine for non-VFC-eligible children will severely limit our ability to provide this vaccine to those patients intended to be served by the VFC Program. Therefore, we encourage you to follow the ACIP recommendations and begin immunizing the following VFC-eligible children:

### Children for whom PCV7 is recommended:

**All children age ≤ 23 months**

**Children age 24 through 59 months with the following conditions:**

1. Sick cell disease, congenital or acquired asplenia or splenic dysfunction
2. Infection with human immunodeficiency virus (HIV)
3. Immunocompromising conditions:

- Congenital immune deficiencies: B- (humoral) or T- lymphocyte

deficiency, complement deficiencies (particularly C1, C2, C3 and C4 deficiency), phagocytic disorders (excluding chronic granulomatous disease)

- Renal failure and nephrotic syndrome

- Diseases associated with immune suppressive therapy or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin's Disease and solid organ transplantation

#### **4. Chronic illness:**

- Chronic cardiac disease (particularly cyanotic congenital heart disease and children with cardiac failure)
- Chronic pulmonary disease (excluding children with asthma unless on high dose corticosteroid therapy)
- CSF leaks
- Diabetes mellitus

### Children for whom PCV7 should be considered:

- All VFC-eligible children aged 24 through 59 months, with priority given to:
- ♦ Children aged 24 through 35 months
- ♦ Children of Alaska Native or American Indian descent
- ♦ Children of African-American descent

- ♦ Children who attend group day care centers (defined as a setting outside the home where a child regularly spends four hours or more per week with two or more unrelated children under adult supervision)

The vaccine should be administered at two, four, and six months of age with a minimum interval of four weeks between doses. A subsequent dose is recommended at 12-15 months of age. High-risk children between the ages of 24-59 months should receive two doses at least two months apart. It is not necessary to restart the series for these children. Please review the vaccine package insert for further dosing information.

Since the PCV7 dosage schedule closely resembles that of the *Hemophilus Influenza Type B* (Hib) vaccine, your usage of PCV7 should be consistent with your Hib usage. Because PCV7 will continue to be limited in 2001, **vaccine orders for PCV7 are being closely monitored**. In the future, the VFC Program and Vaccine Management will establish automated stock levels based on prior usage. If you have questions, please contact Vivian Flores, VFC Coordinator, at 207-2868 or Anthony Johnson, Vaccine Manager, at 921-1178.

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## Do You Refer Your Patients?

VFC staff frequently receive calls regarding referring patients to the Health Department for immunizations. According to the *Standards for Pediatric Immunization Practices*, Standard 1, "Providers who offer primary care to infants and children should always include immunization services as a routine part of that care."

Additionally, Texas Health Steps Providers are advised that the 2000 Texas Health Steps manual, page 39-10, section 39.1.2.4 states "**The screening provider is responsible for administration of immunizations and may not refer children to local health department to receive the immunizations**". Immunizing your patients in your practice keeps children in their medical home for comprehensive health care.

## Shortage of Tetanus and Diphtheria Toxoids (Td)

Currently in the U.S., doses of Tetanus and Diphtheria Toxoids (Td) are in short supply. The following information is intended for informational purposes and provides background on the shortage, the expected timeframe of the shortage, and a list of priorities for using the available Td doses. This information will be published in *MMWR* as a *Notice to Readers* in the near future.

A temporary shortage of Td in the U.S. has resulted from two coincident situations: 1) a reduction in the number of lots released by Wyeth Lederle, and 2) a temporary decrease in inventory of vaccine following routine maintenance activities to the production facilities by Aventis Pasteur that lasted longer than anticipated. Approximately one-half of the usual number of Td doses has been distributed this year. Although there have been no decreases in production of tetanus toxoid (TT), availability is low due to increased utilization during the Td shortage (NOTE: the VFC Program does not stock TT). Based on information

provided by Aventis Pasteur, the Public Health Service expects vaccine supplies to be restored early in 2001. In the meantime, Aventis Pasteur will be limiting orders to assure the widest possible distribution of available doses. As would be expected, the SAMHD VFC Program has also been affected by this shortage.

The shortage will only impact persons >7 years of age who: 1) have not completed a primary series (three doses) of vaccine containing tetanus and diphtheria toxoids, 2) have not been vaccinated in the last 10 years with Td, DTaP, or DT, or 3) require tetanus prophylaxis in wound management. This does not impact the immunization of children <7 years of age who require additional doses of a vaccine containing tetanus toxoid; they should receive diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) or pediatric diphtheria and tetanus toxoids (DT), which are both plentiful.

In summary, if used appropriately (e.g., VFC-eligible patients between 7-18 years of age), the VFC Program should be able to meet your Td vaccine needs. **Please note that VFC vaccine is not intended for your patients over the age of 18 years of age.** Throughout the past several years, we have been aware that many of our providers have administered Td inappropriately to non-VFC eligible clients and those over the age of 18 years. In the past, we did not consider this a major problem because this vaccine was plentiful and very inexpensive (under \$0.30 per dose). However, the past two years have seen Td vaccine inventories steadily decrease and the price rise to well over \$7.00 per dose with little increase in funding. If we are to continue to provide Td vaccine to our VFC target populations, we must ensure the cooperation of all VFC providers in using this vaccine in a suitable manner.



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### Varicella Becomes a Reportable Condition

On November 10, 2000, the Texas Board of Health approved named-reporting of varicella (chickenpox). The Surveillance & Epidemiology Program of the Immunization Division, Texas Department of Health (TDH) will officially make this transition beginning in January. Please be aware that all cases of varicella with onset date on or after January 1, 2001 should be reported by name, address, date of birth, sex, race, and ethnicity--just as is done for other reportable conditions.

This change in disease reporting is very important to TDH because varicella vaccine is a requirement for children entering school and day-care. Chickenpox morbidity has significantly declined since the vaccine was licensed in March 1995. It is important that public and private schools, child-care facilities, pediatric offices, family practice offices, VFC Providers, hospitals, and clinics report cases of varicella. Additionally, VFC Providers should capture the date of disease and include this information in the history section of the immunization consent form for their patients.

SAMHD staff will not be required to investigate individual cases of chickenpox, nor will they be required to serologically confirm the diagnosis of chickenpox. **The diagnosis does NOT have to be made by a health professional.** If an adult family member says its chickenpox, it's chickenpox. For more information on reporting of varicella contact Jerry Werling at 207-2085.

Source: Texas Department of Health, December 4, 2000.

### Four New Partners Join VFC

The Vaccines for Children Program's (VFC) newest partners are the Children's Health Center, Tejas Pediatrics, the University Center for Community Health Family Medicine, and Z-Place Zion Family Center. **Welcome Aboard!**

## Use of DTaP Vaccines in 4- and 5-Dose Series: Q and A

1. Are all DTaP vaccines licensed for use as the 5th dose of the DTaP vaccine series?

All 4 DTaP vaccines are licensed for use as the 5th dose in children who began the vaccine series with DTP vaccine, but only two DTaP vaccines, ACEL-IMUNE® (Lederle Laboratories) and Tripedia® (Aventis Pasteur, Inc.) are currently licensed for use as a 5 dose series. No DTaP vaccines are licensed for use in a mixed sequence using different DTaP vaccines from different manufacturers.

2. What vaccine should be given if a child received 4 doses of a DTaP vaccine that isn't licensed for the 5th dose of the series, and the child is now due for the 5th dose?

Based on current ACIP recommendations, children who have previously received 4 doses of Certiva™ (Baxter, previously North American Vaccine, Inc.) or Infanrix® (SmithKline Beecham Pharmaceuticals) should receive that same DTaP vaccine for the 5th dose when that dose is due.

3. What vaccine should be given if a child received 4 doses of a DTaP vaccine and is due for a 5th dose, but the provider doesn't have that particular vaccine in stock?

Because we don't have enough information to be sure that mixed sequences are safe and effective, ACIP recommends that when possible the child receive the same DTaP vaccine for all doses of the 5 dose series. However, if the provider doesn't know what vaccine the child previously received or does know but doesn't have that vaccine in stock, the provider should administer whatever DTaP vaccine is available to complete the five dose series.

4. What side effects are associated with receipt of DTaP vaccines as a 4- and 5-dose series?

Local reactions (redness, swelling, and pain) following DTaP increase markedly following the 4th dose of DTaP for all four licensed vaccines. For more comprehensive data regarding the 5th dose see the ACIP recommendations. Children who develop pain, erythema, and swelling after DTaP vaccine may have another condition requiring treatment (e.g., cellulitis) and should be evaluated on a case-by-case basis.

5. Do some DTaP vaccines have lower rates of adverse events following vaccination than others?

Data are insufficient to establish that reaction rates vary among licensed DTaP vaccines. Studies have differed in how adverse events were evaluated and reported, making it difficult to directly compare their results. In the Multicenter Acellular Pertussis Trial, entire limb swelling was reported following the 4th dose of 9 of 12 acellular pertussis vaccines included in the trial. This suggests that these reactions may be a general property of acellular pertussis vaccines.

6. Are adverse events following vaccination decreased if children receive mixed sequences of DTaP vaccines?

We don't know if adverse event rates are different (either higher or lower) for children receiving mixed sequences of DTaP vaccines. These vaccines differ in content and preparation, and efficacy of mixed sequences has not been established.

7. Given the increase in adverse events following DTaP, should we go back to whole cell DTP vaccine?

No. The frequency of serious adverse events and high fever among infants is reduced following DTaP vaccine compared with DTP, and DTaP remains the preferred vaccine for vaccination of infants and young children.

*Source: Advisory Committee on Immunization Practices (ACIP), November 17, 2000.*

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### Change in Age Group for Hepatitis A Vaccine

Merck & Co. has notified the CDC that effective November 1, 2000, the upper age limit for administration of its Pediatric Hepatitis A vaccine (VAQTA) has been raised for usage through 18 years-of-age. The FDA's previous approval for use was only through 17 years-of-age.

Both Merck and SmithKline Beecham's Pediatric Hepatitis A vaccines now have the same age recommendations for administration, ages 2 years through 18 years. Current supplies of VAQTA in clinic inventories may now be used in accordance with the new recommendations. If you have any questions or comments regarding this information, please contact Vivian Flores at 207-2868 or Anthony Johnson at 921-1178.

*Source: Centers for Disease Control and Prevention (CDC), November 1, 2000.*

### Study May Reduce Injections From 3 to 1

The San Antonio Metropolitan Health District is conducting a study on Pentacel™, a combination vaccine (contains DTaP, Hib, and IPV) made by Aventis Pasteur Inc. The objective of the study is to assess whether Pentacel™ is safe and induces the desired immune responses in children in the United States when given in combination with other recommended vaccines for the same age group. Pentacel™ was licensed in Canada in 1995 and has been used there since 1997.

Children in the study will receive Pentacel™, Prevnar®, MMR, and Varivax free of charge. The study consists of seven visits over a sixteen-month period. In order to be eligible for the study, participants must be between 6-12 weeks of age, have received no more than one hepatitis B dose, and be in good health. For more information, call Brenda Lemke at 207-6916.



## RSV Season Is Here

As mentioned in the September *Shot Talk*, Respiratory Syncytial Virus (RSV) is the leading cause of lower respiratory tract infections in infants and young children. Each year, RSV is responsible for more than 90,000 hospitalizations and approximately 2% of those infants die. The approval of Synagis® (palivizumab) for intramuscular administration now provides healthcare professionals an effective RSV prophylaxis in infants and children with bronchopulmonary dysplasia (BPD) or premature birth ( $\leq 35$  weeks gestation).

The SAMHD recommends that your patients with a diagnosis of bronchopulmonary dysplasia (BPD), chronic lung disease (CLD), and/or born  $\leq 35$  weeks gestation be considered for this preventive measure since these infants have the highest risk for severe RSV disease. The SAMHD will be administering Synagis® to eligible children at the Main Immunization Center, located at 345 W. Commerce.

In order to qualify for this product the primary care physician must enroll their patient through the RSV Protection Program with the Lash Group by calling toll free 1-877-744-5671. The Lash Group will verify all insurance benefits and if authorized by the primary care physician this information will be forwarded on to the SAMHD. The SAMHD will administer Synagis® by appointment only for the 2000-2001 RSV season (October through March). For more information call Brenda Lemke at 207-6916.

Source: \*Sigurs N, et al. Respiratory Syncytial Virus Bronchiolitis in Infancy Is an Important Risk Factor for Asthma and Allergy at Age 7. *AM. J. Respir. Crit. Care Med.* 2000; 161:1501-1507.



## Flu Vaccine Arrives Just In Time

If you have patients who have been waiting to get their flu shot, they don't have to wait any longer. The San Antonio Metropolitan Health District (SAMHD) just received 20,000 doses and is making it available to everyone who wants to be protected against the flu. This recent arrival of vaccine comes just in time before the peak of the influenza season to ensure adequate protection of all vaccinated persons. Although the usual recommended time to administer influenza vaccine is from October through mid-November, health authorities recommend that vaccine continue to be offered by providers into January. Receiving a flu shot later in the season is still an effective means for protection against influenza. The SAMHD highly encourages all persons age six months and older with chronic health conditions, the elderly and healthy persons age 18 years or older to get their annual influenza immunization.

Flu immunizations will be available from December 21, 2000 through February 28, 2001 at various clinics throughout the city. The cost of receiving a flu shot is \$5.00. Persons with Medicare Part B, Medicaid, *CareLink*, or Community First membership are eligible to receive a flu shot at no cost (must show Medicare Part B, Medicaid, *CareLink* or Community First card at the time of vaccination). For information regarding times and locations of flu clinics being held throughout the Bexar County area, call 207-8750.

In addition to the 20,000 doses, the Health District also received several donations of flu vaccine from Texas MedClinic, the UTSA Health Center and Alamo Health Care Systems. SAMHD extends its appreciation to these generous contributors for their recent donations, which will expand the resources available to protect the public this flu season.

If you have any questions regarding the 2000-2001 SAMHD Influenza Campaign, please call Rita Salazar at 207-8877 or Erica Cerda at 207-2084.

## Great Immunization Rates are In Sight!

The Quality Assurance Assessment Feedback Incentive Exchange (QA/AFIX) Team has been very busy conducting VFC site visits and record reviews in several provider locations. Since our last newsletter the following providers or organizations have participated in the site visit process.

South San Antonio Medical Associates, Nusrat Medical Center, South Alamo Pediatric Center, San Antonio Institute of Medicine, Dr. Connor Chase, South Alamo Medical Group, Dr. John S. Garcia, Dr. Fernando Guerra, Family Clinics of San Antonio, Dr. Mallaiah Shiva, Dr. Ruben Tenorio, Great Northwest Family Medical Center, Southwest Children's Center, Dr. Robert Johnson, Dr. Richard Tamez, Dr. Michael Dorsa, Dr. Bhanumathi Nandakumar, Dr. Esther Yoo, Bishop, Ernest and Dixon Clinic, Dr. David Ochoa, Ella Austin Health Center, Dr. Carlos Porter, San Antonio Pediatric Association-Windcrest, La Mission Family Health Care, St. Mary's University, Christus Santa Rosa Family Health Center, Dr. Guillermo Rocha, University Health System Pediatric Inpatient, Dr. Mary George, and Dr. K. Job Chacko.

The national goal is to have 90% of our 24-month-old children fully immunized with the basic series of recommended vaccines (4 DTP, 3 POLIO, 1 MMR, 3 HIB and 3 HEP B). Congratulations to Dr. Ester Yoo and her staff for exceeding the goal and receiving a 93% on their last QA/AFIX site visit. Also congratulation to the office of Dr. K. Job Chacko and the Southwest Children's Center for achieving an 82% and an 83% respectively on their last QA/AFIX site visit. Each of these three sites will be receiving a certificate of Achievement from the SAMHD VFC Program.

Barrio Comprehensive Family Health Center and Nusrat Medical Centers have requested that the Clinic Assessment Software Application (CASA) program be installed. They plan to use it to track their own immunization rates along with using it for their reminder/recall system. The CASA program and training is provided at no cost from the SAMHD VFC Program.

If you have any questions regarding the installation of the software and training or wish to schedule a site visit please feel free to call Keith Mason, QA/AFIX Coordinator at 207-8142 or email him at kmason@ci.sat.tx.us

### Teens Missing Recommended Vaccines

Data over the past two years indicate a worrisome trend--most adolescents do not have the immunizations they need.

An estimated 35 million U.S. adolescents may be missing at least one of the recommended vaccinations, according to Francisco Averhoff, M.D., M.P.H., a medical epidemiologist with the CDC. Pediatricians should review their adolescent patients' immunization records and bring patients up-to-date on their vaccines, advised Dr. Averhoff and Margaret Rennels, M.D., FAAP, member of the AAP Committee on Infectious Diseases.

By age 12, children should have received: three doses of hepatitis B vaccine; the second dose of measles-mumps-rubella (MMR); and the varicella vaccine, if indicated. The tetanus and diphtheria toxoid (Td) should be given between the ages of 11 and 16 years.

Adolescents who are missing immunizations, especially the hepatitis B and, when necessary, the varicella vaccine, put themselves at a far greater risk of developing infectious diseases and complications that arise from these diseases, said Dr. Rennels.

Several studies point to the potential downward trend in adolescent immunization rates.

- Coverage for hepatitis B among adolescents is only 30% to 50% nationally, far below the optimal 90% coverage rate, according to the National Health Interview Survey, to be published within the next year.

- Immunization completion rates for 13-year-olds enrolled in HMOs - organizations known for their preventive health care measures - were between 52% and 59% in 1996 (Himmelstein D, et. al. JAMA. 1999;282:159-163[Medline]).

- Only 52% of U.S. adolescents enrolled in health plans are fully immunized, according to a National Committee on Quality Assurance (NCQA) report titled, "1999 State of Managed Care Quality" (www.ncqa.org). The south central United States (including Arkansas, Louisiana, Oklahoma, New Mexico and Texas) had the lowest average coverage rate at 37%. Central and southwestern states had below-average coverage as well.

- In San Diego County - an area with one of the best immunization programs in the nation, according to Dr. Averhoff - only about 16% of children entering the fifth and sixth grade had received all three doses of hepatitis B vaccine by April 1998. About 70% of the same students received two doses of MMR, 9% had the Td booster, and, of children without a history of chickenpox, only 16% had the varicella vaccine (MMWR.2000;49:101-102,111).

The statistics are upsetting, but not alarming, said Dr. Rennels. "Clearly, this needs to be improved upon," Dr. Rennels said. "But, we've never been good about vaccinating our adolescents." An age group left at risk. Pediatricians should be most alarmed about the low varicella vaccination rates, she said. "Now that more and more children are being vaccinated, people will have less exposure to the virus," Dr. Rennels said. "Unvaccinated children won't get exposed to the disease until they are adults." Adults who get

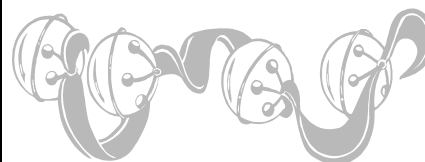
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chickenpox are increasingly at-risk of developing serious complications, hospitalization, or even death. In the United States, there are about 100 deaths every year from chickenpox, according to CDC statistics.

Developing an adolescent vaccination infrastructure has historically taken years, Dr. Averhoff said. The hepatitis B vaccine is one example; it's been available for adolescents since 1994, yet coverage figures remain low.

Currently, vaccines against HIV, herpes, chlamydia and gonorrhea are being developed, Dr. Averhoff said. On the brink of sexual activity, adolescents are the likely targets for these vaccines against sexually transmitted diseases, he said. "We need the infrastructure when these vaccines come on board," Dr. Averhoff said. Pediatricians definitely should not ignore these statistics and settle for the status quo, Dr. Rennels cautioned.

*Source: Jessica Little, Editorial Intern, Excerpts from the American Associated Press, November 2, 2000.*



### 2001 VFC Provider Appreciation Breakfast

Plans are underway for the Fourth Annual Vaccines for Children (VFC) Appreciation Breakfast and National Infant Immunization Week (NIIW). Vaccines for Children Providers will be invited to attend an appreciation breakfast on Wednesday, April 18, 2001 at 7:30 a.m. to be held at the Omni Hotel. The breakfast is an opportunity for SAMHD to recognize all of its immunization partners and kicks off NIIW, which is April 22 - 28, 2001. Speakers for the breakfast and NIIW events are in the planning stages.

The VFC staff wants to make the Fourth Annual VFC Appreciation Breakfast the best one yet. Any

suggestions you or your staff may have to increase VFC provider attendance will be appreciated. Call Vivian Flores at 207-2868 with your ideas for NIIW 2001! **Remember to Mark Your Calendars!**

### Travel Plans Anyone?

As plans are being made for the next vacation, business trip, or missionary trip outside of the U.S. make sure the first stop is at the SAMHD Foreign Travel Office. There are many factors to consider when traveling abroad. What is your current health status? What are the endemic health-related risks to the country or countries you will be visiting? Are you properly vaccinated? What measures can you take to personally ensure a safe trip?

Our office provides a wide range of services including counseling on geographic health related issues, and administering recommended or required immunizations. Travel immunizations available include yellow fever, typhoid fever, lymerix (for Lyme disease), and immune globulin. Prescriptions for anti-malarial medications are also available as indicated by your destinations.

The CDC recommends that vaccines for travel purposes be given at least 4 to 6 weeks prior to travelling. If you are in good health you are urged to call the Foreign Travel Office as early as possible for an appointment. If you have health concerns you are advised to consult with your physician prior to your appointment.

When scheduling your appointment be sure to have the following information available, trip itinerary, departure date, length of stay, and planned activities. The Travel Office operates Mon. – Fri. 9:00 a.m. to 3:30 p.m. by appointment only. Call 207-8872 to schedule an appointment.

Immunizations are also available for adults wishing to update their

immunization status. Immunizations offered include varicella, inactivated polio, tetanus/diphtheria, hepatitis A & B, measles/mumps/rubella and meningococcal meningitis. Tuberculin skin testing is available on selected days. These are available at the Main Immunization clinic at 345 W. Commerce, Monday – Friday 8:00 a.m. to 5:00 p.m. or at 3600 Fredericksburg Rd. Monday, Wednesday, Thursday 7:45-4:30, Tuesday 7:45 a.m. to 8:00 p.m., and Friday 7:45 a.m.-11:45 a.m.

If you will be traveling abroad, please contact Rebecca Prieto, RN, at 207-8872. If you need information regarding adult immunizations call 207-8894 at our Main Immunization clinic or 733-8913 at our Fredericksburg Clinic.

### Clinton Launches Immunization Effort

On December 12, 2000 President Clinton, together with former First Lady Rosalynn Carter, announced a new federal effort to increase immunization rates among children nationwide. Clinton issued an executive memorandum directing the U.S. Department of Agriculture (USDA) to examine the immunization status of the 5 million children under age 5 who participate in the federal nutrition program Women, Infants, and Children (WIC). Children who are behind schedule on their immunizations and those who do not have immunization records will be referred to local health care providers or public health clinics. Children who are uninsured are eligible to receive vaccinations at no cost under the Vaccines for Children program.

Studies indicate that linking immunization services with WIC could improve vaccination coverage by up to 40 percent within 12 months. This memorandum also directs the USDA and Centers for Disease Control and Prevention (CDC) to develop a national strategic plan to ensure more accurate and cost-effective immunization assessment,

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referral, and follow-up for children at risk.

To read more about Clinton's memorandum, visit the White House website <http://www.whitehouse.gov/WH/new>

### Upcoming City Holidays

*Christmas Day & Day After December 25 & 26, 2000*

*New Years Day January 1, 2001*

*Martin Luther King Day January 15, 2001*

*President's Day February 19, 2001*

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**SAMHD:** [www.samhd.org](http://www.samhd.org)

**TDH:** [www.tdh.state.tx.us](http://www.tdh.state.tx.us)

**CDC:** [www.cdc.gov](http://www.cdc.gov)

*Seasons Greetings  
from SAMHD!*

